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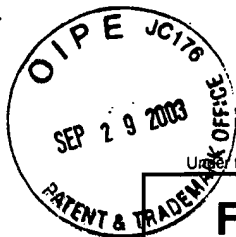
PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/973,951
	Filing Date	October 11, 2001
	First Named Inventor	Thomas J. Whalen
	Group Art Unit	1617
	Examiner Name	S. Sharareh
Total Number of Pages in This Submission		Attorney Docket Number 554922006112

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing – 2 pages <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 – 1 page	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. Return postcard 2. Check for \$ 1,462.00 3. Declaration of Thomas J. Whalen 4. Divisional application transmittal letter
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	SWISS LAW GROUP LLC Gerald F. Swiss (Reg. No. 30,113)
Signature	
Date	September 26, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:
Dated: 9-26-03 Signature:



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FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/973,951	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 11, 2001	
		First Named Inventor	Thomas J. Whalen	
		Examiner Name	S. Sharareh	
TOTAL AMOUNT OF PAYMENT (\$)		1,462.00	Attorney Docket No.	554922006112

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES			
<input type="checkbox"/> Deposit Account					
Deposit Account Number					
Deposit Account Name					
The Commissioner is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments					
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims 34 -20** = 14		Extra Claims Fee from below 18.00		Fee Paid 252.00	
Independent Claims 2 -3** = 0		Extra Claims Fee from below 0		Fee Paid 0.00	
Multiple Dependent				280.00	
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					532.00
**or number previously paid, if greater; For Reissues, see above					
SUBTOTAL (3) (\$)		930.00			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Gerald F. Swiss	Registration No. (Attorney/Agent)	30,113
Signature	<i>Gerald F. Swiss</i>	Telephone	(650) 856-3700
		Date	September 26, 2003

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Dated: 9-26-03	Signature: <i>Gerald F. Swiss</i>